

**U.S. Public Health Service
Office of Force Readiness and Deployment
Training Application**

Please initial next to each line on the form below confirming that you have completed the OFRD course prerequisites. Fax this page along with your completed course application and a copy (front and back) of your BLS for Healthcare Providers card to the OFRD at (240) 453-6110.

INITIAL	OFRD REQUIREMENTS
	Own at least 2 complete sets of the Working Khaki uniform.
	APPLICATION PREREQUISITES
	Supervisor's permission to attend.
	Own at least 1 complete set of the woodland BDUs.
	Completed physical exam (including medical review) on file with MAB within the past 5 years.
	Certified in AHA BLS for Healthcare Providers and recorded on OFRD Officer Summary Page. You must fax a copy of your BLS card (front and back) with your application.
	Current licensure on file with OCCO and recorded on the OFRD Officer Summary Page.
	All course immunization requirements completed and recorded on the OFRD Officer Summary Page.
	Current APFT recorded on the OFRD Officer Summary Page.
	Recorded height and weight on the OFRD Officer Summary Page.
	Recorded the number of hours you practice your deployment role on the OFRD Officer Summary Page.
	Current login and updates on the OFRD Officer Summary Page.
	Completed all sessions in the Core and Clinical curricula on the OFRD Online Training Program.



**U.S. Public Health Service
Office of Force Readiness and Deployment
Student Application**

1101 Wootton Pkwy · Suite 100 · Rockville, MD 20852
Fax (240) 453-6110



APPLICATIONS MUST BE TYPEWRITTEN

(YOU MUST FILL IN EACH FIELD)

Course Title:	Course Date:
Medical Management of Chemical and Biological Casualties (MMCBC)	<input type="checkbox"/> October 16-21, 2005

Name (LAST)	(FIRST)	Rank:

PHS Serial Number (SERNO)	Deployment Role:	PHS Category:

Mode of Transportation:	
<input type="checkbox"/> Automobile <input type="checkbox"/> Air Travel	Airport: 1 st Choice 2 nd Choice

Have you attended this course in the past?	Email address:
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?	

How will your participation in this course benefit the Corps' Readiness and Response capabilities?		
Supervisor's Name	Supervisor's Signature	Date